Parliament Hill

HEALTH MANPOWER CONFERENCE

The final thought in the final summation of the recent conference on health manpower in Ottawa was delivered by Dr. J. F. McCreary, dean of medicine at the University of British Columbia. He said that methods of evaluating health care "all point to the fact that Canada as compared with other countries is not receiving full value for its health dollar".

Another way of putting this thought is that the health professionals do not perform their functions in society as efficiently as they could and should. The conference, sponsored by the federal government and the Association of Universities and Colleges of Canada, was on what should be done to improve efficiency, and thereby improve the quality of services rendered and check escalating costs.

Health and Welfare Minister John Munro looked to the conference to produce some advanced thinking on efficiency improvement. "To cut costs," he said in opening remarks, "one must change the objectives emphasized, change the delivery patterns, and change the agents of delivery of care. This is also the same recipe required to broaden the scope of care."

Mr. Munro came down hard on the rigidity of the health professions. "Health manpower cannot afford to remain trapped in a 'practice gap'," he said. "Too many people are trained to deal with too small a slice of the general health needs of the population as a whole," while "there is no one below the level of physician who may be competent to treat the problem which does not require a specialist's attention . . . This creates a monstrous bottleneck in the delivery of services . . . [that is] wastefully expensive. If we can inaugurate reform here, if we can come up with the right mix, the right flexibility, and the right educational requirements, we can cut costs substantially," the minister said.

Teams, Training and Efficiency

The three-day conference brought together representatives of 22 professional societies, 31 universities, the A.U.C.C., the federal government, provincial health and education departments, and various consumer groups. Their discussions covered just about every conceivable aspect of health manpower, but tended to return to a relatively small number of points as the kernels of the problems enunciated by Mr. Munro.

One was the point of view that the shortage of health manpower could be largely if not entirely overcome if inefficient use of existing manpower were corrected. It was argued that the country suffers from an inappropriate mix of general practitioners and specialists in both medicine and nursing because of mal-orientation of training and resistance to change by professional groups, and because no authoritative guidelines for change have been laid down.

A second recurring point was the wasteful use of highly trained personnel on routine procedures that could be carried out equally well by super-nurses or assistant physicians.

A third was the feasibility of involving allied health professionals in team operations to provide primary health care, but it was admitted that pilot projects are needed to provide data on which to evaluate this approach.

Fourth, the conference recognized an urgent need for the training of ancillary health personnel in the fields of management, planning, research into health care, and evaluation. Research into, and evaluation of techniques of providing health care can hardly proceed far in Canada, it was argued, until trained people are available to undertake these tasks.

Fifth, the conference recognized an urgent need to encourage and facilitate ongoing education by health professionals. As Dr. McCreary put it, "With manifestly inadequate numbers in many of the health professions, and with the very rapid growth of knowledge in these fields, it is imperative that every member of the health professional group be as effective as possible." But realization of this hope will depend, he added, on some form of tax incentive to the professionals, and financial aid to health sciences schools to provide ongoing education.

The often criticized distribution of health professionals on the basis of pecuniary reward rather than public need again received attention. As an alternative to conventional financial incentives, which have proved ineffectual, two proposals were put forward. One is that health services be provided in sparsely settled areas by teams of physicians, dentists and allied professionals based in major centres and moving about the smaller communities on schedule. Another is that new graduates in health sciences be required to spend two years working in isolated, care-deficient areas in repayment of the public funds that provided their education.

Medicine, 1984 Style

What will be the health care demands of the future?

New organs, said Dr. John H. Maloney of Charlottetown. More reconstructive and cosmetic surgery. More effective treatment of cancer. Genetic counselling. Better birth control procedures, notably sterilization. More abortions. The prevention, early detection and effective treatment of anti-social personality disorders. And intensified health surveillance.

"Imagine an assembly-line setup at a shopping centre," Dr. Maloney said. "The individual steps into the line—weight, height, pulse, temperature, respiration, chest x-ray, ECG, urinalysis, blood through S.M.A. machine doing 10 to 20 tests, vision tests, glaucoma tests—the list could go on and on. . ."

After all, Henry Ford's techniques of efficiency have been copied throughout all industry. Why not in medicine?

Gerald Waring